

JUN 29 2007

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted via facsimile number (571) 273-8300 to Commissioner for Patents, United States Patent and Trademark Office, on the date shown below:

By: _____

Lhet Chuakay

Date: _____

June 29, 2007

PATENT

Attorney Docket No.: P-154-US1

Customer No. 27038

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)

Martin S. LINSELL et al.)

Application No.: 10/627,555)

Filed: July 25, 2003)

For: CRYSTALLINE β_2 ADRENERGIC)
RECEPTOR AGONIST)

Confirmation No. 3562

Group Art Unit: 1621

Examiner: Shailendra Kumar

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, Applicants respectfully submit this Information Disclosure Statement (IDS) in conformance with 37 C.F.R. §§1.97 and 1.98 for the above-identified patent application. The document being submitted for consideration by the Examiner is listed on the enclosed Form PTO/SB/08a.

The filing of this IDS shall not be construed as a representation that a search has been made (37 C.F.R. §1.97(g)), nor as an admission that the information submitted herewith is, or is considered to be, material to patentability (37 C.F.R. §1.97(h)) of the subject application.

Pursuant to 37 C.F.R. §1.98(a)(2)(ii), copies of U.S. patents and U.S. patent application publications cited on the accompanying Form PTO/SB/08a are not being provided.

Applicants respectfully request that the Examiner consider the document cited on the accompanying PTO Form PTO/SB/08a. After such consideration, the Examiner is respectfully

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requested to return an initialed copy of the enclosed form PTO/SB/08a to Applicants with the next Office Action on the merits.

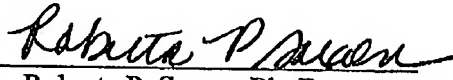
This IDS is being filed after the mailing date of the first Office Action on the merits, but before the mailing date of a final action under 37 C.F.R. §1.113. Accordingly, this IDS is accompanied by the fee set forth in 37 C.F.R. §1.17(p) for submission of an information disclosure statement under §1.97(c). A Fee Transmittal form is submitted in duplicate with this information disclosure statement. The Commissioner is hereby authorized to charge any fees for submission of this paper to Deposit Account No. 50-0344.

Any questions regarding this IDS should be directed to undersigned agent for Applicants at (650) 808-3764 (direct).

Respectfully submitted,

THERAVANCE, INC.

Date: June 29, 2007

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